

invasive stage, when cervical cancer survival is almost 100 percent.

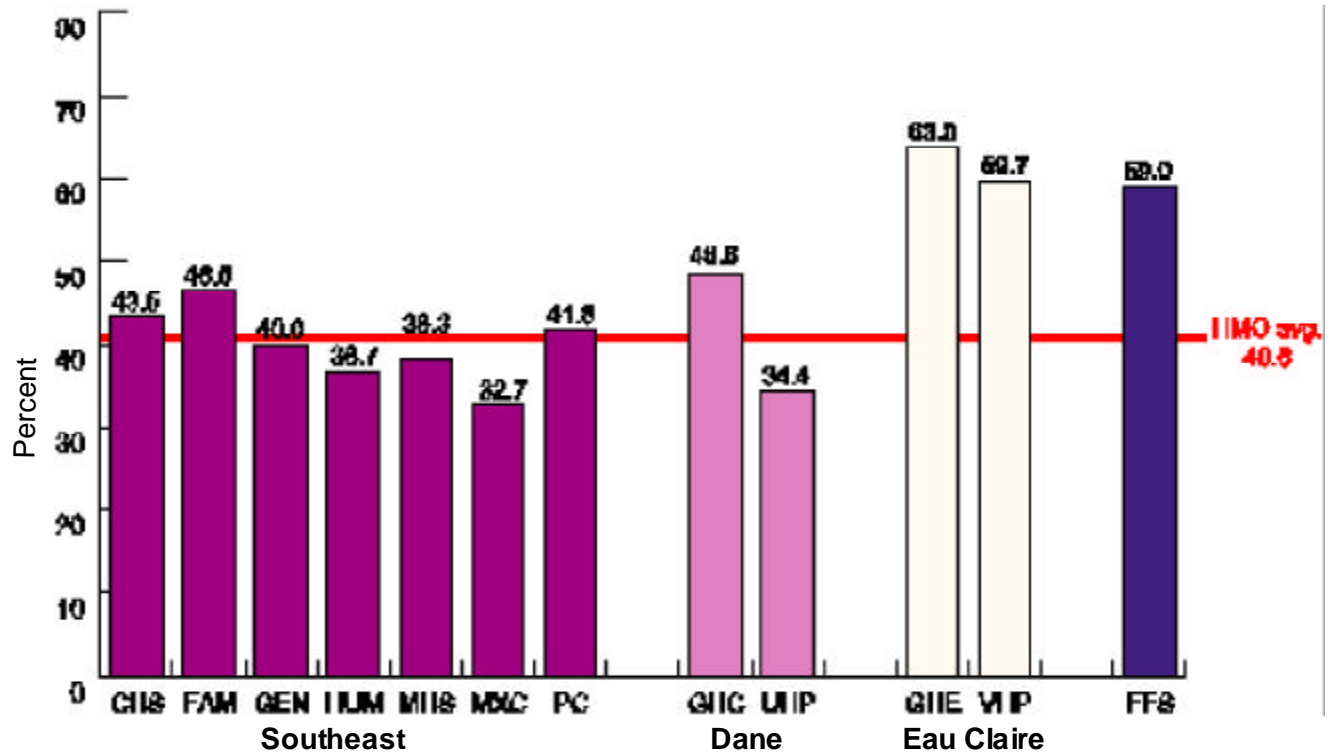
The U.S. Preventive Services Task Force recommends Pap tests at least once every three years for females who have been sexually active, or are over the age of 18, if they had had three negative tests previously. High risk groups—women with a history of multiple sexual partners, a history of sexual activity at an early age, a previous abnormal Pap test, or women from low socioeconomic status groups—should be screened more often.¹² In general, for a non-high-risk population, somewhat more than one-third of females should re-

ceive a Pap test in any given year.

Medicaid HMO Pap Testing Rates

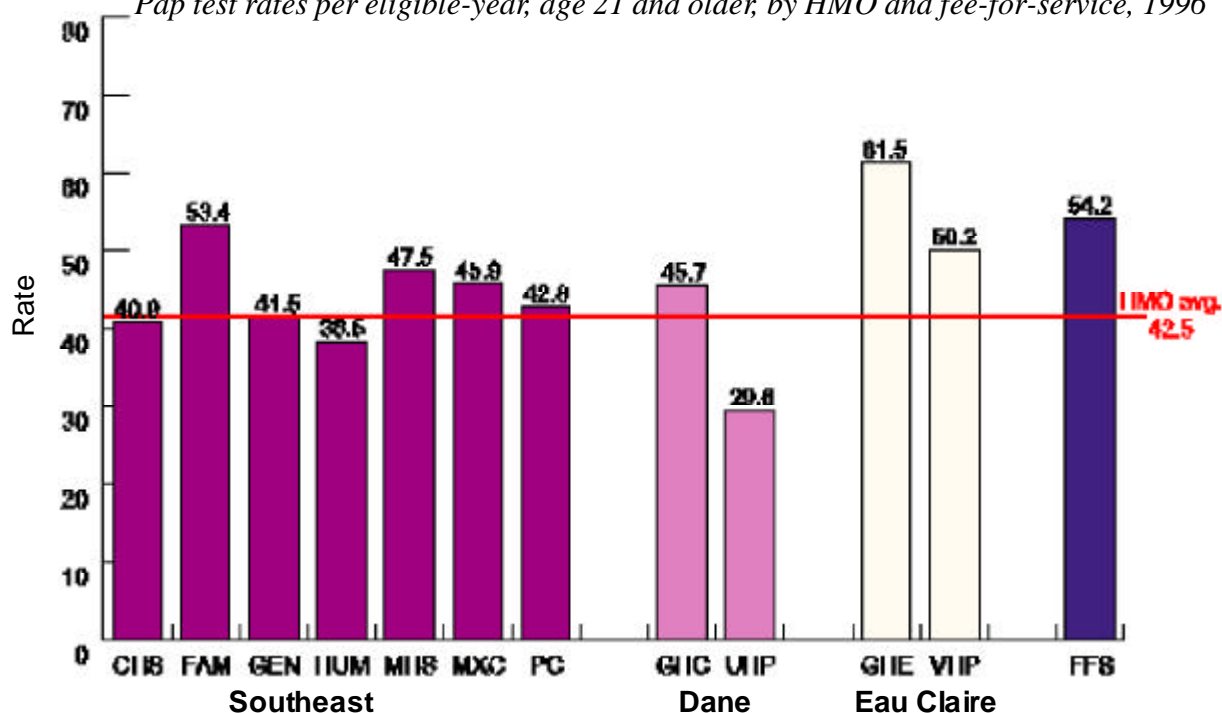
Pap test rates among Medicaid HMO females ages 15-20 were somewhat variable. All HMOs achieved greater than a 30 percent per eligible-year Pap testing rate. HMOs serving Eau Claire had significantly higher rates. On average, fee-for-service recipients received Pap testing at a higher rate than HMO enrollees in this age group (see Graph 6.10).

Graph 6.10



Graph 6.11

Pap test rates per eligible-year, age 21 and older, by HMO and fee-for-service, 1996



Pap test rates among Medicaid HMO females 21 and over also were quite variable. One Dane County HMO had a Pap testing rate less than 33 percent. Fee-for-service females received Pap testing at a higher rate than HMO recipients in this age group also (see Graph 6.11).

Endnotes

- 1 1995 Wisconsin family health survey. Center for Health Statistics, Wisconsin Department of Health and Family Services.
- 2 Women's health indicators in Wisconsin: issues across the life-span. Center for Health Statistics, Division of Health, Wisconsin Department of Health and Human Services: 9.
- 3 Ibid.: 19.
- 4 Amba, J.C.; et al. Fertility, family planning and women's health. National Center for Health Statistics; 1997.
- 5 U.S. Public Health Service, U.S. Department of Health and Human Services. Monthly vital statistics report, Centers for Disease Control and Prevention. 1997 July.

- 6 Health Care State Rankings. 1997. (Mahkorn finding publisher, etc.)
- 7 Healthy people 2000: national health promotion and disease prevention objectives. U.S. Public Health Service, U.S. Department of Health and Human Services. 1990: 376.
- 8 Cancer in Wisconsin, 1994. Center for Health Statistics, Wisconsin Department of Health and Social Services: 9.
- 9 Women's health indicators in Wisconsin: issues across the life-span. Center for Health Statistics, Division of Health, Wisconsin Department of Health and Human Services; 1994 December: 28.
- 10 Ayanian, J.Z. Chronic disease, the women's health data book: a profile of women's health in the United States. Washington DC: The Jacob's Institute of Women's Health; 1992.
- 11 Healthy people 2000 midcourse review and 1995 revisions. U.S. Public Health Service, U.S. Department of Health and Human Services.
- 12 U.S. Preventive Services Task Force: Guide to Clinical Preventive Services, 2nd Edition. Williams and Wilkins; 1996: 9.

Hospitalizations and Asthma

Birth-related hospitalizations accounted for 70 percent of all Medicaid hospitalization in 1996. Twenty-four percent were for general medical-surgical (GMS) reasons and 5.2 percent for psychiatric/alcohol and other drug abuse. A significant percentage of GSM hospitalizations were for diagnoses deemed to be avoidable through optimal outpatient management. Asthma is one of those diagnoses and is one of the most common reasons for hospitalization of children and young adults. Medicaid 1996 utilization data show more than an eightfold variation in hospitalizations for asthma among Medicaid HMOs (age group 0-20). The highest hospitalization percentages occurred among Milwaukee County HMOs and the highest percent was with the 0-20 age group. Milwaukee County HMO hospitalization rates varied from 9.3 to 15.2 percent of those with the diagnosis of asthma.

The higher asthma hospitalization rate among Milwaukee County HMOs is not surprising because it has been found that asthma rates are highest among women, minorities, and those living in urban areas, the principle population categories enrolled in Milwaukee County HMOs.

SELECTED FINDINGS:

- Birth-related hospital discharges accounted for 70 percent of all Medicaid discharges in 1996.
- 11.6 percent of Medicaid HMO recipients with a diagnosis of asthma were hospitalized in 1996, compared to of 6.6 percent of recipients with a diagnosis of asthma in the fee-for-service population.
- Asthmatic HMO enrollees, living in Milwaukee County, are hospitalized for asthma about twice as often as those not living in Milwaukee County.

Hospital Stays in Wisconsin

The cost of inpatient hospital care represents a significant portion of overall health care spending in the U.S. In 1994, expenditures for hospital care accounted for 36 percent of all health care costs.¹ In Wisconsin in 1994, hospitalizations accounted for \$4.7 billion.²

Statewide among the general population, hospital discharges for women and newborns after delivery accounted for the largest percentage of non-psychiatric, non-AODA hospital discharges in 1994. However, the majority of other hospitalizations were for conditions and events affecting persons in older age groups. For example, hospitalizations for heart disease and joint replacements combined accounted for one-fourth of all Wisconsin hospital stays in 1994.³

Hospitalizations Among AFDC/Healthy Start Medicaid Recipients

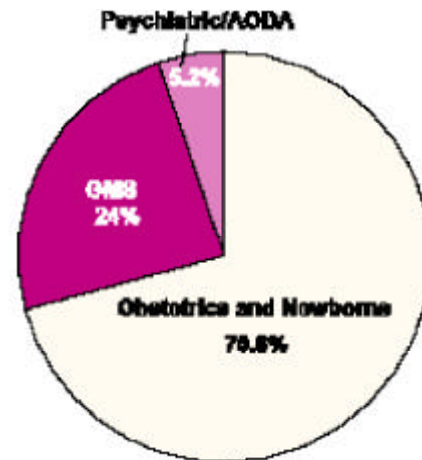
The pattern and types of hospitalizations most relevant to AFDC/Healthy Start Medicaid recipients are different from the state as a whole because of the age and sex distribution of this population. General medical and surgical (GMS) discharges accounted for one-fourth of all hospitalizations of Medicaid HMO and fee-for-service recipients represented in this report. Hospital discharges of newborns and women following delivery accounted for 70 percent of all Medicaid discharges (see Graph 7.1).

Avoidable Hospitalizations

Many hospitalizations are unavoidable. Others can be averted through optimal outpatient management. In 1994, an estimated 31 percent of all hospitalizations of Wisconsin children ages 1-14 were potentially preventable (or “ambu-

Graph 7.1

Hospital discharges for AFDC/Healthy Start Medicaid: deliveries and newborns; psychiatric and AODA; and general, medical and surgical, 1996



latory-sensitive”).⁴ Asthma is, for AFDC/Healthy Start recipients, an important example of an ambulatory-sensitive condition.

Asthma and Asthma Hospitalizations

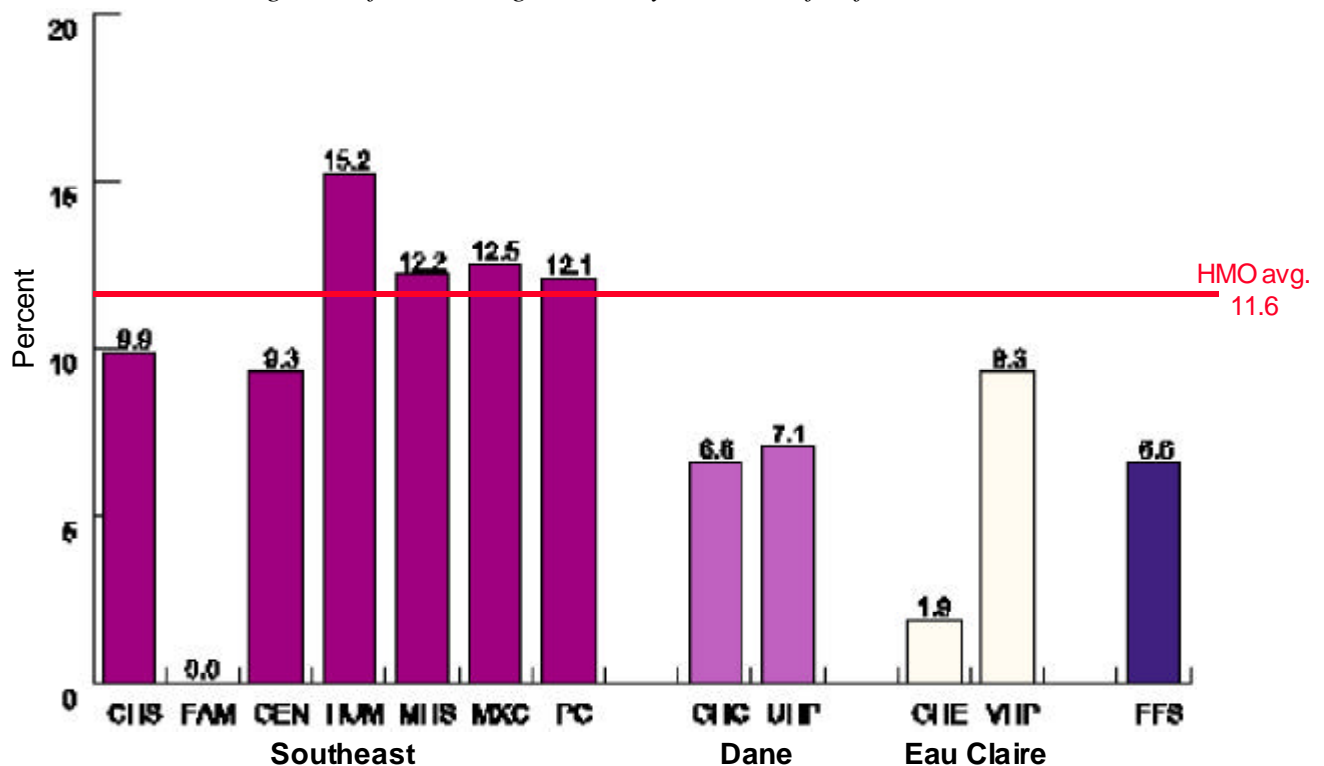
The incidence of asthma has risen rapidly in the past two decades. Asthma is the most common chronic condition of childhood⁵ and one of the most common reasons for hospitalization in children and young adults. In 1987, the prevalence of asthma among those 18 years of age and younger was estimated at 5.2 percent.⁶ Asthma rates are even higher among women, minorities, and those living in urban areas.⁷

While there is little information on the relative severity of asthma among different groups, African-Americans with asthma are three times more likely than others to die from asthma.⁸

Among the 12,269 Medicaid GMS discharges for all ages reported by HMOs and fee-for-service combined, asthma

Graph 7.2

Medicaid recipients hospitalized for asthma, as a percent of those with a diagnosis of asthma, ages 0-20, by HMO and fee-for-service, 1996

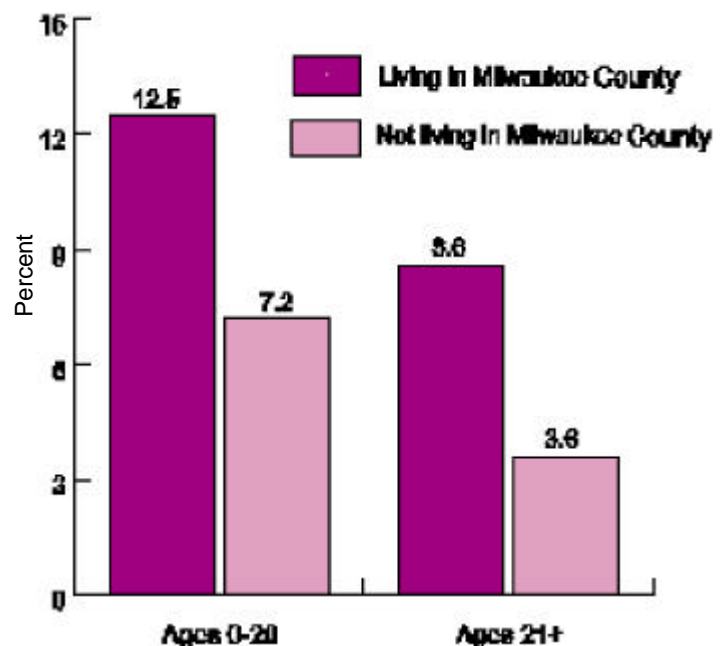


hospitalizations accounted for 9 percent (1,095). Medicaid HMO members, ages 0-20, who were diagnosed with asthma had, on average, an 11.6 percent likelihood of requiring hospitalization sometime during 1996 (see Graph 7.2). For those 21 and over with a diagnosis of asthma, the likelihood of hospitalization in 1996 was slightly less at 8 percent.

In general, Medicaid HMO recipients with a diagnosis of asthma living in Milwaukee County were much more likely to be hospitalized than those not living in Milwaukee County. Those under age 21 were much more likely to be hospitalized than those 21 and older (see Graph 7.3).

Graph 7.3

Medicaid HMO recipients hospitalized for asthma, as a percent of those diagnosed with asthma, by age group, Milwaukee County versus non-Milwaukee counties, 1996



Endnotes

- 1 Health United States, 1995. National Center for Health Statistics, Public Health Service, U.S. Department of Health and Human Services. 1996 May: 9.
- 2 Office of Health Care Information annual report: utilization charges in Wisconsin hospitals and freestanding ambulatory surgery centers. Wisconsin Office of the Commissioner of Insurance; 1995 January-December: 3.
- 3 Ibid.: 12-15.
- 4 Children's health in Wisconsin: statewide estimates. Center for Health Statistics, Wisconsin Department of Health and Family Services; 1996 November: 28.
- 5 Healthy people 2000. 1990: 445.
- 6 Healthy people 2000. 1990. (Using the National Health Interview Survey as a data source.)
- 7 Healthy people 2000 midcourse review and 1995 revisions: 81.
- 8 Healthy people 2000. 1990: 445.

Behavioral Health Care

The term behavioral health refers to mental illness and substance abuse. Many people suffer from these problems and may not receive treatment. It is uncommon to have common agreement on the optimal treatment of any one of the countless varieties of mental illness and/or substance abuse problems. This report presents findings related to services provided in 1996 by mental health and substance abuse professionals to AFDC/Healthy Start Medicaid HMO and fee-for-service recipients. It does not include utilization data relative to services provided by providers who are not specialized in substance abuse or mental illness care such as family physicians and internists. Also, it does not include alternative treatment services such as residential treatment or psychotropic drug treatment. The data indicate that a greater percent of fee-for-service recipients received ambulatory mental illness/substance abuse care than did those enrolled in Medicaid HMOs. A greater percent of recipients with these problems received care if they were enrolled in Medicaid HMOs located in Dane and Eau Claire counties as opposed to the southeastern Wisconsin Medicaid HMO counties (Kenosha, Milwaukee, and Waukesha).

A greater percent of Medicaid recipients with mental illness/substance abuse problems in fee-for-service were hospitalized because of those problems than in HMOs. However, a greater percent of the hospitalized HMO recipients received follow-up services within 30 days of discharge from the hospital. (Post-hospital service is often crucial in averting rehospitalization.)

To some degree, the findings reflect HMO, community and regional variations in practice, but they also reflect current reporting limitations as described above. It is clear that more mental illness/substance abuse treatment was provided than reported: Other Department information indicates that approximately 80 percent of Medicaid recipients with mental illness/substance abuse diagnoses received treatment of some kind, consistent with contemporary practice. Some received psychotropic medication without psychotherapy, while others received treatment by primary care physicians.

SELECTED FINDINGS:

- Medicaid HMO recipients in Dane and Eau Claire counties received mental illness day treatment and/or outpatient services at higher rates than Medicaid HMO recipients residing in Southeast counties.
- Medicaid HMO recipients hospitalized for a major affective disorder were nearly five times more likely than fee-for-service recipients to have a mental illness follow-up visit within 30 days of being discharged (45.0 percent versus 9.3 percent).
- On average, Medicaid HMO recipients were half as likely to be hospitalized for mental illness as fee-for-service recipients (8.6 per 1,000 eligible-years versus 4.4 per 1,000 eligible-years)
- Except in Eau Claire County, Medicaid HMO enrollees were substantially less likely to be hospitalized for substance abuse than fee-for-service recipients (3.6 per eligible-year versus 2.1 per eligible-year).

Prevalence of Mental Health Problems

Mental illness and substance abuse are common problems both in Wisconsin and the U.S. Despite this, many people suffering from mental illness may not receive treatment.

According to a recent Healthy People 2000 Progress Review, the one-year prevalence of mental illness in the U.S. was 16 percent in 1992 among non-institutionalized non-rural whites, blacks, and Hispanics, aged 18-54. Among that same adult, non-rural population, the one-year estimated prevalence of depressive disorders was 11.1 percent overall, and 13.1 percent in females.¹

The prevalence of serious mental illness (SMI) nationally among adults has been estimated at 5.7 percent in a 12-month period.² In 1996, Wisconsin estimates of the prevalence of SMI ranged from 5.5 percent in Kenosha and Waukesha counties to 6.9 percent in Dane County among the 5 counties represented in this report (see Table 8.1). Persons with SMI who qualify for SSI are not enrolled in Medicaid AFDC/Healthy Start HMOs and therefore are not included in this report.

The reasons for failure to receive care include denial or lack of awareness that a problem exists among patients and providers, a stigma against seeking care, refusal of or lack of compliance with suggested treatment, and problems with access to care.

Wisconsin Medicaid Mental Health Services Utilization Data

Using utilization statistics to assess the quality or adequacy of mental health problems is fraught with difficulties, not the least of which is that a standard definition of outpatient mental health care does not now exist.³ Because of this and other reasons, researchers agree caution must be exercised in evaluating mental

Table 8.1

Estimates of the prevalence of serious mental illness (SMI) in five counties in Wisconsin, 1996
(Source: Bureau of Community Mental Health)

County	Estimated % of non-institutionalized adults with SMI
Dane	6.9
Eau Claire	5.7
Kenosha	5.5
Milwaukee	6.7
Waukesha	5.5

health utilization data.⁴

The utilization data used in this report were obtained from HMOs who were asked to report only those services provided by mental health professionals to Medicaid enrollees. They were not asked to report services related to mental health care provided by primary care physicians and prescriptions for drugs commonly used to treat mental health problems.

Outpatient Mental Health Utilization

The utilization data showed that, in general, fee-for-service providers and HMOs serving Dane and Eau Claire county Medicaid recipients reported higher rates of "day and/or outpatient" treatment than those serving the Southeast counties, Kenosha, Milwaukee, and Waukesha (see Graph 8.1). In all counties served by Medicaid HMOs, higher percentages of adults 21 and over received mental health services than did those 15-20 years of age (see Graphs 8.2 and 8.3, page 47).

Inpatient Treatment for Mental Health Disorders

Many mental health hospitalizations may be avoided with early identification and appropriate outpatient management of a

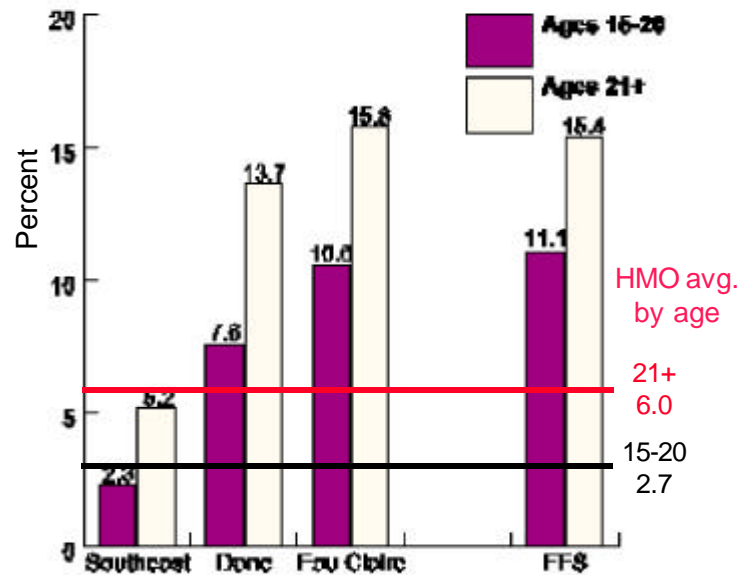
mental illness. Graph 8.4 shows that Medicaid HMO enrollees were hospitalized half as often for mental health reasons than those in fee-for-service.

Follow-up after Hospitalization for Major Affective Disorders

Major affective disorders, such as depression, are among the most common mental illnesses. Timely follow-up after mental health hospitalizations is important for assuring that persons discharged are making an appropriate transition to life at home, to assess progress, and to monitor medications. Medicaid HMO enrollees received follow-up care within 30 days of

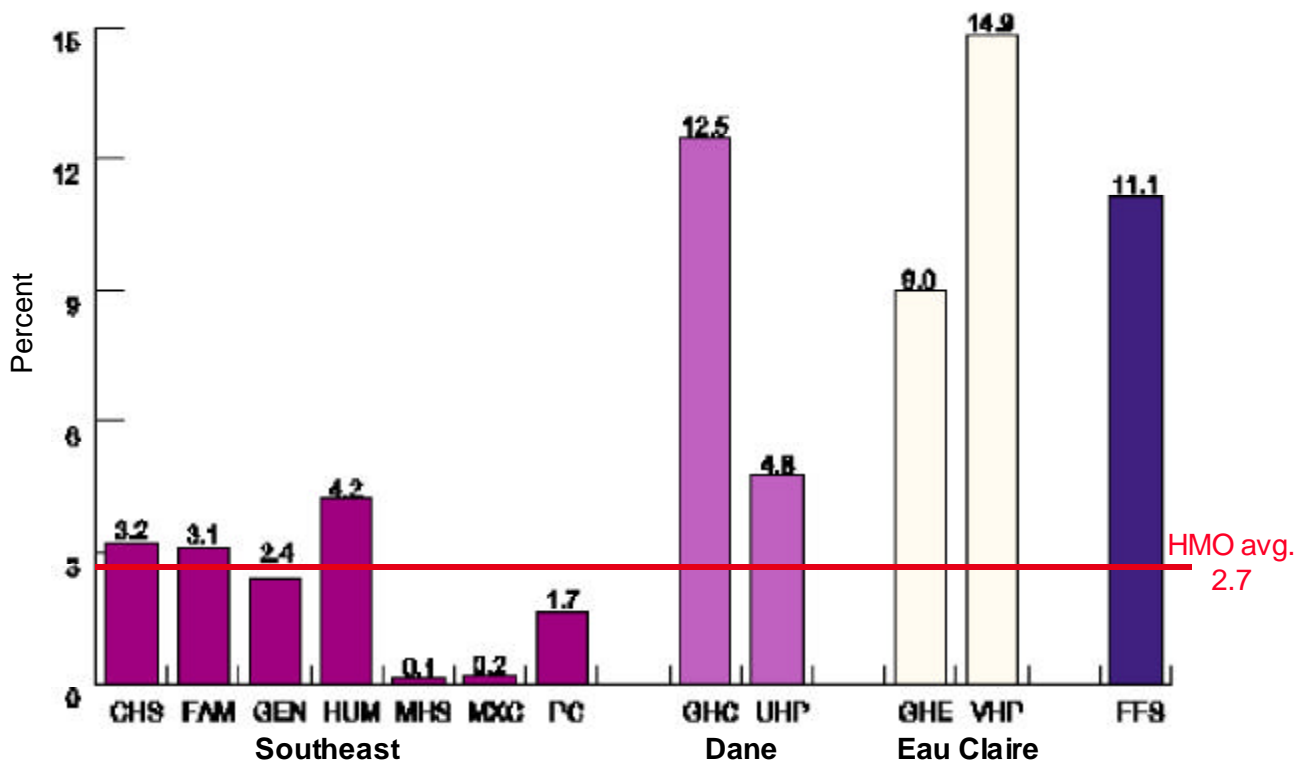
Graph 8.1

Percent of Medicaid enrollees receiving mental health day treatment and/or outpatient services per eligible-year by age, by HMO region, 1996



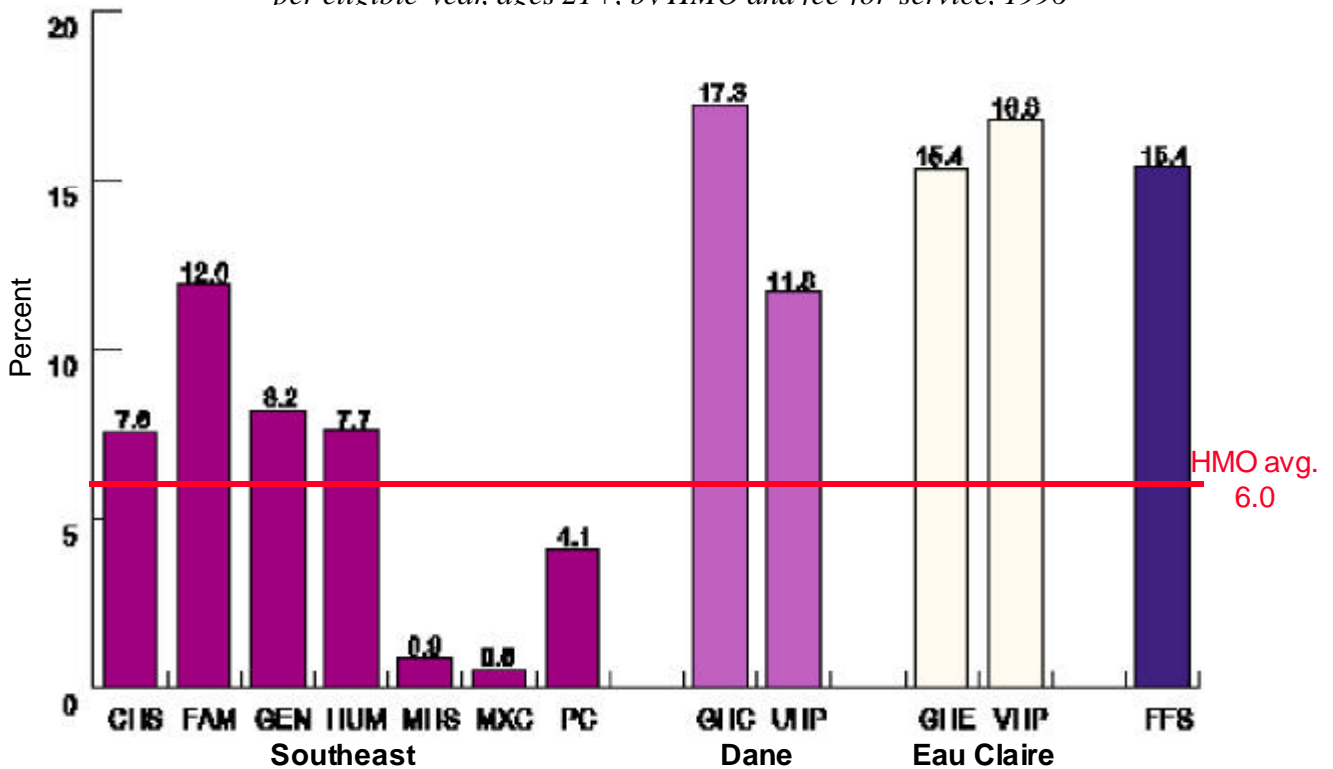
Graph 8.2

Percent of eligibles receiving mental health day treatment and/or outpatient services, per eligible-year, ages 15-20, by HMO and fee-for-service, 1996



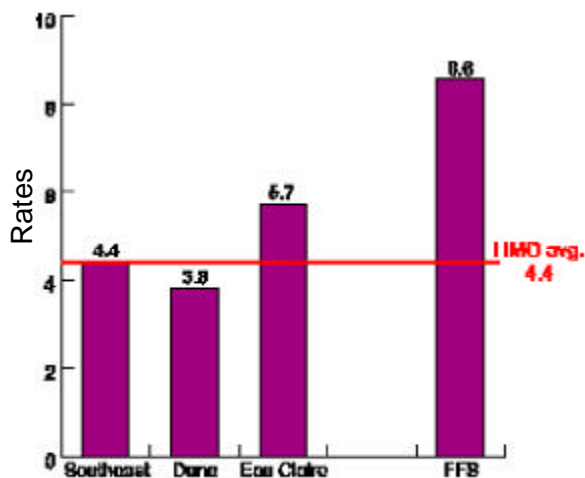
Graph 8.3

Percent of eligibles receiving mental health day treatment and/or outpatient services, per eligible-year, ages 21+, by HMO and fee-for-service, 1996



Graph 8.4

Mental health hospital discharge rates per 1,000 eligible-years for Medicaid HMO and fee-for-service recipients, 1996



Graph 8.5

Percent of HMO and fee-for-service recipients, ages 6 and over, discharged for major affective disorders and receiving follow-up mental health services within 30 days, 1996

